



The Body is the Message

Non-verbal Communication and the Dental Patient

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Most people are aware of the famous quote: “93% of communication is non verbal” carried out by studies done by Albert Mehrabian in the 1960s. This number arrived at combining a couple of studies that found communication was 53% face, 38% voice, and 7% words. Therefore the nonverbal component was made up of body language (55%) and tone of voice (38%). However, keep in mind it is not often that we only use one word as Mehrabian did in his studies. The participants in his study had to judge whether a word was positive, negative, or neutral and each word was read in either a positive, negative, or neutral tone. His conclusions were never intended to apply to normal conversations since it is a misinterpretation of

a scientific experiment. The fact of the matter is the exact percentage number is really irrelevant because it holds no practical applications. The important take away is that most communication is nonverbal and that is a crucial aspect.

In a more recent study in 2012, researchers found that you can't judge someone's facial expressions unless he just won a lottery or if he lost everything in a stock market crash. Body language provided a better clue if someone has positive or negative emotions. In the study, there were three groups of people each shown a full picture of a face, a body with the face removed,

and the face with the body removed. The pictures had tennis players losing a point or winning a point in a game. Amazingly, the subjects could easily identify the full body or body alone, but they were at a chance level when rating the face alone! They were convinced, however, when viewing the full body, that it was the face that revealed the emotional tone not the body. For practical clinical purposes, we need to understand how body/face expressions interact- just as much as the mouth/body interaction!

There are many different types of non-verbal communication. They include body movements (also termed kinesics). This might be a hand gesture or nodding or shaking the head. I sometimes say something and nod my head without knowing it to get agreement with whomever I am speaking with. Posture plays a role whether a patient sits, stands, grips the sides of the chair, or whether their arms are open or crossed. Eye contact can determine the level of trust or trustworthiness. We should always position ourselves whenever communicating to be eye-to-eye and knee-to-knee for comfortable dialogue to take place. In my consults, I am constantly moving the clinician's chair so that the clinician can have that eye-to-eye contact. Far too often, I see the clinician sit side by side with the patient. Sometimes the operator tray has to be moved to accomplish this communication setting. The intensity of eye-to-eye contact is different in other countries. Gazing too long can make an American uncomfortable when visiting an Arab or Indian nation, as they tend to hold a much longer gaze. Yet in Asian countries a person's lack of eye contact toward an authority figure signifies respect and humility.

Paralanguage is aspects of the voice part of speech such as pitch, tone, and speed of speaking. Most people don't realize how important this is when communicating! We should match a patient's tone when they are speaking as well as cadence. It is important that we morph to those in front of us. If you have a fast speaking patient, one should match that speed as well as tone. Facial expressions

and physiological changes would include smiling, frowning, sweating, and even blinking when nervous. All these need to be interpreted within non-verbal communication but take the body position into consideration as well. If someone is frowning it could mean that they are concentrating on what is said or perhaps not liking what is said. It is our job to ask for clarity and if we are both on the same page.

Personal space (termed Proxemics) is another non-verbal characteristic. Proxemics is the study of the human use of space and the effects it has on behavior and communication. In dentistry we work in an intimate distance, less than 6 inches. Personal distance is anywhere from 1.5-4 feet when we are interacting with family or friends. Social distance is 4-12 feet and applies to interactions amongst acquaintances and public speaking is 12-25 feet or more. Have you ever had someone speak to you and you take a step back? In Europe, the personal space is much smaller than in America. We are always saying "excuse me," if we bump into someone as a result of a violation of personal space. Different cultures have different personal space and even hand gestures. For example, in the Philippines, Korea, and parts of Latin America beckoning someone with the palm up is considered rude, but in America it is a common gesture. The "O.K." gesture in the American culture is a symbol for money in Japan. This same gesture is offensive and immoral in some Latin American countries! When our non-verbal language matches that of another that puts the other at ease. In different cultures, non-verbal communication has similarities and differences. When we are aware of these differences, the level of trust increases.

Non-verbal communication is an extremely intricate yet fundamental part of overall communication skills. However, people are often totally unaware of their own non-verbal behavior and how to interpret others. We should have a basic understanding of the different forms of non-verbal communication to help us improve our relationships with others. This knowledge can lead to a greater understanding between clinician and patient, which is, after all, the objective of great communication.

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"People may hear your words,
but they feel your attitude."

John C. Maxwell

